UNITED STATES

UNITED STATES

ECCEPTIVE WASHINGTON, D.C. 20549

Washington, D.C. 20549

FOD**

PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC Mail Processing Section

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OMB APPROVAL

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SEC USE ONLY						
Prefix	Serial					
1						
DATE RECEIVED						

				<u> </u>	
Name of Offering (check if this is ar PINNACLE NATURAL RESOURCES		ed, and indicate change.)			
Filing Under (Check box(es) that apply)	Rule 504	Rule 505		Section 4(6) ULOE
Type of Filing:		New Filing		Amendmen	ıt
	A. BASI	C IDENTIFICATION DA	TA		
 Enter the information requested about 	out the issuer				
Name of Issuer (check if this is an		and indicate change.)		1000 11314	W 44/H 4/400 4/613 H/01 4/61 1/61 1/61
Address of Executive Offices 767 Fifth Avenue, 4th Floor, New York,		reet, City, State, Zip Code)	Telephone Numb : (212) 750-1778		
Address of Principal Business Operation (if different from Executive Offices)	s (Number and Street, City, State,	Zip Code)	Telephone Numb:	er (In	8046359
Brief Description of Business INVESTMENTS					
Type of Business Organization					
corporation	limited partnership, alread	ly formed		_ "	pecify): Cayman Islands any Limited by Shares
☐ business trust	limited partnership, to be	formed		_	
Actual or Estimated Date of Incorporation	on or Organization:		<u>Year</u> 2004	M A about	☐ Estimated
Jurisdiction of Incorporation or Organiz	•	ostal Service abbreviation for the other foreign jurisdiction)		☑ Actual	FN Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been mad:. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Promoter Beneficial Owner ☐ Executive Officer Director / Trustee Box(es) that Apply: Full Name (Last name first, if individual) Pinnacle Asset Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 767 Fifth Avenue, 4th Floor, New York, New York 10153 Check Boxes Promoter Beneficial Owner Executive Officer of Director General and/or that Apply: Investment Adviser Managing Partner Full Name (Last name first, if individual) Segalas, Donnell A. Business or Residence Address (Number and Street, City, State, Zip Code) 767 Fifth Avenue, 4th Floor, New York, New York 10153 Check Boxes Executive Officer of □ Director General and/or Promoter Beneficial Owner that Apply: Managing Partner Investment Adviser Full Name (Last name first, if individual) Faenza, Timothy P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Beneficial Owner General and/or ☐ Promoter Executive Officer of ☐ Director that Apply: Investment Adviser Managing Partner Full Name (Last name first, if individual) Kellman, Jason M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Check Boxes Promoter Beneficial Owner Executive Officer of Director General and/or Investment Adviser Managing Partner that Apply: Full Name (Last name first, if individual) Kellman, Scott L. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Check Boxes ☐ Promoter Beneficial Owner Executive Officer of ☐ Director General and/or Investment Adviser Managing Partner that Apply: Full Name (Last name first, if individual) Massimb, Marcel N. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Pinnacle Asset Management, L.P., 767 Fifth Avenue, 4th Floor, New York, New York 10153 Check Boxes ☐ Promoter Beneficial Owner Executive Officer Director General and/or that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

					В.	INFORM.	ATION AB	JUI OFFE.	KING				مصيين المستحد
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							\$ 1.000,000 w/the discretion of the Board of Directors to accept less.					
3.	Does the	offering perm	nit joint owne	rship of a sir	ngle unit?					***********		Yes ⊠ No)
4.										ered with the			
		st name first,	if individual))						·			
N/A		esidence Addi	ress (Number	and Street	City State	7in Code)							
Dus	c33 01 100	isidence Addi	icss (ivallioci	and Succi,	city, state,	Zip Code)							
Nar	me of Asso	ciated Broker	or Dealer		· · · · · · · · · · · · · · · · · · ·								
			ted Has Solici k individual S										🔲 All States
(AI		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL])	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M	rj	[NE]	(NV)	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[F:O]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (La	ist name first,	if individual))									
- D	-i D		- Oliverham		G'. G.	7' - 0 - 1 - 1							
Dus	SHICSS OF K	esidence Add	ress (Number	and Street,	City, State,	Zip Code)							
Nai	me of Asso	ciated Broker	or Dealer										
			ted Has Solici										
										· · · · · · · · · · · · · · · · · · ·			All States
[A]	•	[AK]	[AZ]	[AR]	[CA]	(CO)	[CT]	(DE)	[DC]	[F1.]	[GA]	[HI]	[ID]
[IL		[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M] [RI		[NE] [SC]	[NV] [SD]	[NH] [TN]	[נא] [TX]	[NM] [UT]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA] [PR]
***			, if individual		[17]	[01]	[VT]	[VA]	[VA]	<u>[wv]</u>	[44.1]	[#1]	[FK]
	·			,									
Bu	siness or R	esidence Add	ress (Number	and Street,	City, State,	Zip Code)							
Na	me of Asso	ciated Broker	r or Dealer		•			···					
			ted Has Solic										All States
(CI [A]		[AK]	(AZ)	States)	[CA]				[DC]	[FI.]	[CA]	(HI)	[ID]
נה. [נג	_	(IN)	[IA]	(KS)	[CA] [KY]	[CO] {LA}	[CT] [ME]	[DE] [MD]	[DC] [MA]	[F1.] [M(]	[GA] [MN]	[HI] [MS]	[MO]
[M		(NE)	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[H(O]	[OK]	[OR]	[PA]
[R]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
			-	-									

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.	Enter "0" if answer is "nor	e" or "zero." If the
	transaction is an exchange offering, check this box 🗅 and indicate in the columns below the amounts of the		
	Type of Security	1.ggregate	Amount Already
		Offering Price	Sold
	Debt	\$0	s <u> </u>
	Equity (non-voting participating shares)	\$_Inc/efinite_	S More than \$50,000,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	S
	Partnership Interests	\$0	
			\$ 0
	Other (Specify)	\$ 0	S0
	Total	\$_Indefinite	More than
			\$ <u>50,000,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate
		lavestors	Dollar Amount
			of Purchases
	Accredited Investors		More than
		Less than 500	\$_50,000,000
	Non-accredited Investors		\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities		
٥.	sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Гу ре of	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.			
	known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs	ō	·
	Legal Fees	Ø	\$ 20,000
	Accounting Fees		\$ 5,000
	Engineering Fees.		\$ 0
	Sales Commissions (specify finders' fees separately)		\$ \$0
	Other Expenses (Identify)	□ ⊠	\$ _5,000
	Total	× ×	
	1 VIII	الإع	w <u>50,000</u>

\$ 30,000

C. OFFERING PRICE, NUMBER OF IN b. Enter the difference between the aggregate offering price given in respectively.		والمراجعة فسنوا	\$ Indefinite
in response to Part C – Question 4.a. This difference is the "adjusted g			<u> maenna </u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used if the amount for any purpose is not known, furnish an estimate and check payments listed must equal the adjusted gross proceeds to the issuer set for	the box to the left of the estimate.	The total of the	
, , , , , , , , , , , , , , , , , , , ,		Payment to Officers,	Payment To
		Directors, & Affiliates	Others
Salaries and fees] s	□ \$ <u>0</u>
Purchase of real estate		\$ <u> </u>	□ \$ <u> </u>
Purchase, rental or leasing and installation of machinery and equipment		S 0	□ \$ <u> 0 </u>
Construction or leasing of plant buildings and facilities] \$ <u>0</u>	S0
Acquisition of other businesses (including the value of securities involved in th			
in exchange for the assets or securities of another issuer pursuant to a merger)] \$0	□ s
Repayment of indebtedness] \$0	□ \$ <u> </u>
Working capital	Σ	\$ Indefinite	□ \$ <u> </u>
Other (specify):]\$	<u> </u>
Column Totals	Σ	S Indefinite	□ \$ <u> </u>
Total Payments Listed (column totals added)		•	
		S Inde	finite
D. FEDE	RAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly authan undertaking by the issuer to furnish to the U.S. Securities and Exchange Connon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	norized person. In this notice is file amission, upon written request of its	d under Rule 505, the follows staff, the information fur	owing signature constitutes mished by the issuer to any
Issuer (Print or Type)	Signature/		Date
PINNACLE NATURAL RESOURCES OFFSHORE LTD.	1/mm//1)	M	_
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>	
	DIRECTOR		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	•					
	E. ST.	ATE SIGNATURE				
1.	. Is any party described in 17 CFR 230.252 presently subject to any of the disqualification provisions of such rule?					
	See Appendix,	Column 5, for state response.				
2.	t. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.					
3.	The undersigned issuer hereby undertakes to furnish to any state administ	rators, upon written request, information fu nished by the issuer to o	fferees.			
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.					
Th	e issuer has read this notification and knows the contents to be true and has	duly caused this notice to be signed on its behalf by the undersigned	duly authoria	zed		
per	son.					
Iss	uer (Print or Type)	Signature //	Date			
PINNACLE NATURAL RESOURCES OFFSHORE LTD.		1/m m // -/	April/€ 20	08		
Na	me (Print or Type)	Title of Signer (Print or Type)				
DO	NNELL A. SEGALAS	DIRECTOR				

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

END